

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-049331

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 360

Primary Registration District No. 6224

Registrar's No. 238

STATE FILE NUMBER

VS 300
Rev. 4/59

11080
21080

3

4 0

5 0

6

7 1

8 2

9420.1

10

11

1290-8

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JAN 2 1963

1. PLACE OF DEATH

a. COUNTY

Vernon

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Center Township

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION R#1

Inside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Vernon

c. CITY
OR TOWN Nevada

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)
R#1

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

DEWEY

CHARLES

LYONS

4. DATE
OF DEATH

Month

Day

Year

December

27

1962

5. SEX

M

6. COLOR OR RACE

Wh

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11-24-1899

9. AGE (last birthday)

63

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farming

10b. KIND OF BUSINESS OR INDUSTRY

Retired

11. BIRTHPLACE (City and state or country)

Bible Grove, Illinois

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

John H. Lyons

13b. MOTHER'S MAIDEN NAME

Nellie O. Moore

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
Yes WWII

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

George T. Lyons, Nevada, Missouri

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Probable acute coronary occlusion

INTERVAL BETWEEN
ONSET AND DEATH

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

18. CAUSE OF DEATH (b) Presumed to be natural causes

Viewed by County Coroner Ferry.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☒ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour
a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

to

and last saw him alive on

12-27-1962

Death occurred at

4:45p

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Anna S. Ferry - Local Registrar

22b. ADDRESS

Nevada, Missouri

22c. DATE SIGNED

12-29-1962

23a. BURIAL, CREMATION, or
REMOVAL (Specify)

Burial

23b. DATE

December 30

23c. NAME OF CEMETERY OR CREMATORY

Greenlawn Cemetery

23d. LOCATION (City, town, or county)

Schell City

Missouri

24. FUNERAL DIRECTOR

ADDRESS

Ferry Funeral Home

Nevada, Missouri

25. DATE RECD. BY LOCAL REG.

12-29-1962

26. REGISTRAR'S SIGNATURE

Anna S. Ferry

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

JAN 9 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *L. Andrew Lamy*

Licensed Embalmer No. 4960

P. O. Address Kenosha, Wisconsin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.